

No. 2
4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25765

State File No.

Registration District No. 851

Primary Registration District No. 4388

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Canthussville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 E. 13th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether years, months or days) 7 months & 25 days

3. (a) PRINT FULLNAME BETHEL JEROLINE BARRY

3. (b) If veteran, name war L 3. (c) Social Security No. L
4. Sex F 1 Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive L years
7. Birth date of deceased November 10 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 25 L hr. L min.

9. Birthplace Canthussville 0
(City, town, or county) (State or foreign country)

10. Usual occupation L

11. Industry or business L

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Imogene Barry
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Rushston
(b) Address 311 E. 13th St. - Canthussville, Mo.

17. (a) Burial (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Pigeon - Canthussville, Mo.

18. (a) Signature of funeral director H. J. Smith

(b) Address Canthussville, Mo.

19. (a) July 7, 1941 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Canthussville, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 311 E 13th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1941 hour 10 A. minute 10 A.

21. I hereby certify that I attended the deceased from July 3 - 1941 to July 5 - 1941
that I last saw her alive on July 5 - 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Diphtheria

Due to 1190

Due to 1190

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1190

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. R. Union (M. D. or other) 0

Address Canthussville, Mo. Date signed 7-5-41

8-41-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4185

P. O. Address Camdenville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.